AMENDMENT TRANSMITTAL LETTER						Docket No. DSI-10402/22	
Application No. 10/735,203		Filing Date December 12, 2003		Examiner A. M. S. Weh			Art Unit 1633
pplicant(s): Law	rence W. Cose	A	in 1				· · ·
vention: SACRO	DMASTIGOPH	ORIC THERA	PEUTIC AGE	ENT DE	LIVERY SYS	STEM	
	тс		SSIONER F	OR PA	TENTS		
Fransmitted here				••	lication.		
The fee has beer	i calculated an		S AS AMEN		••••••••••••••••••••••••••••••••••••••	- 11x	
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate		
Total Claims	0	- 20 =	Q	x	25.00		0.00
Independent Claims	0	- 3 =	O	x	100.00		0.00
Multiple Depend	lent Claims (ch	eck if applicabl	e)				
Other fee (pleas		OR THIS AME	NDMENT:	······	Small Entity		0.00
A duplicate of A check in the Payment by The Director as described X Credit an	ge Deposit Acc copy of this sho ne amount of \$ credit card. Fo is hereby auth below. A dup ny overpaymen any additional fil stein, Ph.D./ tein, Ph.D. Reg. No.: 39,	count No. eet is enclosed form PTO-2038 horized to char olicate copy of ht. ing or applicatio	to cover is attached, ge and credit this sheet is o n processing	the filir Depos enclose fees rec	ng fee is encl it Account N d. juired under 3 Dated:	osed. o. 07 87 CFR 1.1	-1180 16 and 1.17.
2701 Troy Cent Post Office Box Troy, Michigan (248) 647-6000	er Drive, Suite 7021 48007-7021	•		юц, Г.	<b>.</b>		